## Fill-in form, tab to next field

## **GENERAL FACT SHEET**

BILL NUMBER 108-79

BRIEF TITLE AP	PROVED DEADLINE	REASON		
CenterPointe, Inc. Agreement		Approximate and the second sec		
DETAILS		POSITIONS/RECOMMENDATIONS		
Agreement between the Lincoln-Lancaster County Health Department and CenterPointe, Inc. for the Health Department to provide medical services to	Sponsor			
CenterPointe residents. Compensation will be \$87 per pre-admission physical examination and \$9.45 each telephone consultation. Term of agreement: March 1, 2010 - February 29, 2012.	1 ~			
	Applicants/ Proponents	Applicant		
		City Department		
		Other		
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals		
		Basis of Opposition		
	Staff Recommendations	For Against Reason Against		
	Board or Commission Recommendation	BY     For    Against     No Action Taken     For with revisions or conditions (See Details column for conditions)		
	CITY COUNCIL ACTIONS (For Council Use Only)	Pass Pass (As Amended) Council Sub. Without Recommendation Hold Do not Pass		

DETAILS	POLICY/PROGRAM IMPACT			
	POLICY OR PROGRAM CHANGE	□ NO □ YES		
	OPERATIONAL IMPACT ASSESSMENT			
	FINANCES			
	COST AND REVENUE PROJECTIONS	COST of total project: \$ COST of this Ordinance/ Resolution \$		
		RELATED annual operating Costs \$		
		INCREASE REVENUE EXPECTED/YEAR \$		
	SOURCE OF FUNDS	CITY [Approximately]	%	
		\$	%	
		\$	%	
	**************************************	\$		
		\$	%	
		NON CITY [Approximately]		
		\$\$ \$	% %	
		\$	—%	
		\$	——, <sup>%</sup>	
		\$\$	%	
	BENEFIT COST			
	Front Foot	Average Asses	sment	
	☐ Square Foot S	\$\$	<u> </u>	

APPLICABLE I	DΑ	Т	ES	ì
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FACT SHEET PREPARED BY: Bruce D. Dart, Ph.D.

Health Director

REVIEW BY:

REFERENCE NUMBER